

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>09760682</i>																												
Effective October 1, 2003																																	
<b>CLAIMS AS FILED - PART I</b>																																	
(Column 1)			(Column 2)																														
TOTAL CLAIMS																																	
FOR		NUMBER FILED	NUMBER EXTRA																														
TOTAL CHARGEABLE CLAIMS		minus 20 =																															
INDEPENDENT CLAIMS		minus 3 =																															
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>																																	
* If the difference in column 1 is less than zero, enter "0" in column 2.																																	
<b>CLAIMS AS AMENDED - PART II</b>																																	
(Column 1)			(Column 2)	(Column 3)																													
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
	Total	<i>0</i>	Minus	<i>41</i>	<i>7</i>																												
	Independent	<i>3</i>	Minus	<i>3</i>	<input checked="" type="checkbox"/>																												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																	
<i>Amend 8/10/04</i>																																	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
	Total	<i>41</i>	Minus	<i>41</i>	<i>7</i>																												
	Independent	<i>3</i>	Minus	<i>3</i>	<input checked="" type="checkbox"/>																												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																	
<i>Amend 11/19/04</i>																																	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
	Total	<i>38</i>	Minus	<i>41</i>	<input checked="" type="checkbox"/>																												
	Independent	<i>3</i>	Minus	<i>3</i>	<input checked="" type="checkbox"/>																												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																	
<ul style="list-style-type: none"> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>																																	
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